

FILED FEB 24 1942 91

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No.

22

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4923 Bonita
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Gruber

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Gruber 6. (c) Age of husband or wife 9 years
7. Birth date of deceased February 9, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Sprock
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name (Unknown)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Sprock
(b) Address 4923 Bonita
17. (a) Burial (b) Date thereof 1-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S. Grand Blvd.

19. (a) JAN 2 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4923 Bonita
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st,
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec. 10 to Jan 1
that I last saw him alive on Dec. 30
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 1/2
Endocarditis " 1 1/2

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredeek (M. D. or other) _____
Address 4728 Edison Date signed 1/4/42

544 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. E. Nagelbach
4738 1/2 Travis
9th 10 2 to 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

P. O. Address.....

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.